

PVUSD
PK-2 NO CONTACT SAFETY AGREEMENT

A simple plan to help two students stay safe, calm, and ready to learn

Incident/situation date _____	Effective date and time _____	Review/expiration date _____
Administrator/case manager _____	Teacher/classroom _____	Trusted adult for students _____

TWO STUDENTS INCLUDED IN THIS SAFETY AGREEMENT

#	Student printed name	Grade	Student signature or mark
1	_____	_____	_____
2	_____	_____	_____

OUR SAFETY PROMISES

The two students listed above agree to give each other space. This agreement does not decide who was right or wrong. It is a plan to help both students feel safe, stay calm, and learn.

1	Give space. I will stay away from the other student. I will not follow, touch, crowd, or block the other student.
2	No messages. I will not talk to the other student, write notes, use a device to contact them, or ask a friend to carry a message.
3	Use kind and safe behavior. I will not point, stare, make faces, tease, threaten, or try to get other students involved.
4	Follow the adult plan. I will follow directions about seats, lines, recess, lunch, the bus, activities, arrival, and dismissal.
5	Walk away and tell an adult. If there is a problem or unwanted contact, I will walk away, tell my trusted adult, and not argue or try to get even.

WALK AWAY AND TELL A TRUSTED ADULT

You may always tell a trusted adult. This agreement does not stop a student from asking for help or telling a parent/guardian, teacher, counselor, administrator, school employee, police officer, or other trusted adult about a safety concern. If the students must be in the same class, activity, bus, or emergency situation, they will follow the adult's directions.

How long this plan lasts: This safety agreement stays in effect through the review date above unless an administrator changes it. Adults will review any reported problem and decide what support, safety steps, or school response is appropriate.

Adult acknowledgment: An adult explained each promise in words the students could understand, answered questions, and identified the trusted adult each student should contact for help.

Administrator signature _____	Date _____	Next review, if scheduled _____
----------------------------------	---------------	------------------------------------